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CONFIRMATION NO. 3642

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SERIAL NUMBER 09/997,103	FILING DATE 11/27/2001  RULE	CLASS 713	GROUP ART UNIT 2116	ATTORNEY DOCKET NO. PD05982AM						
APPLICANTS  Phillip Kent Freyman, Elgin, IL;  Roger William Ady, Chicago, IL;										
** CONTINUING DATA ***** <i>JP</i>										
** FOREIGN APPLICATIONS ***** <i>JP</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/17/2001										
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> </td> <td style="width: 10%; text-align: center; vertical-align: top;">           STATE OR COUNTRY IL         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           SHEETS DRAWING 3         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           TOTAL CLAIMS 48         </td> <td style="width: 15%; text-align: center; vertical-align: top;">           INDEPENDENT CLAIMS 8         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 8	
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ADDRESS 22917 MOTOROLA, INC. 1303 EAST ALGONQUIN ROAD IL01/3RD SCHAUMBURG , IL 60196										
TITLE Telephony end user interface in an HFC access network										
FILING FEE  RECEIVED 1664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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